

80-1017100
10/10/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	5	7/1/00
FORMALITY REVIEW	<i>[Signature]</i>	857	10/03/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)..... Canceled A Appeal
+ Restricted O Objected

Claim	Date
Final Original	
11	3/9/21
12	12/27/9
13	12/27/9
14	12/27/9
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50	12/27/9

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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